

**EMERGENCY DISASTER PLAN FOR RESIDENTIAL CARE
FACILITIES FOR THE ELDERLY, COMMUNITY CARE
FACILITIES AND CHILD CARE CENTERS****INSTRUCTIONS:***Post a copy in a prominent location in facility, near telephone.*

Return a copy to the licensing office. Licensee is responsible for updating information as required.

NAME OF FACILITY	ADMINISTRATOR OF FACILITY		
FACILITY ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()		

I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVALUATION AND PERSON COUNT
2.		HANDLE FIRST AID
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

II. EMERGENCY NAMES AND TELEPHONE NUMBERS (9-1-1 NOT ACCEPTABLE)

FIRE/PARAMEDICS	POLICE OR SHERIFF
RED CROSS	OFFICE OF EMERGENCY SERVICES
PHYSICIAN(S)	POISON CONTROL
HOSPITAL(S)	AMBULANCE
DENTIST(S)	CRISIS CENTER
CHILD PROTECTIVE SERVICES	OTHER AGENCY/PERSON

III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

IV. TEMPORARY RELOCATION SITE(S) (SUBMIT LETTER OF PERMISSION FROM RENTER/LEASEE/MANAGER/PROPERTY OWNER)

NAME	ADDRESS	TELEPHONE NUMBER ()
NAME	ADDRESS	TELEPHONE NUMBER

V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY
WATER
GAS

VI. FIRST AID KIT (LOCATION)**VII. EQUIPMENT**

SMOKE DETECTOR LOCATION (IF REQUIRED)
FIRE EXTINGUISHER LOCATION (IF REQUIRED)
TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)
LOCATION OF DEVICE

VIII. AFFIRMATION STATEMENT**AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.**

SIGNATURE	DATE
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